



SPECTRUM: Month 6 results from the first global real-world study of aflibercept 8 mg in patients with previously treated neovascular age-related macular degeneration

Andreas Stahl,¹ Clare Bailey,² Clemens Lange,^{3,4} Varun Chaudhary,⁵ Paolo Lanzetta,^{6,7} Hassiba Oubraham,⁸ Martin Kirchner,⁹
Tobias Machewitz,¹⁰ Helmut Allmeier,¹¹ Xin Zhang,¹¹ Zoran Hasanbasic,¹¹ Marion R. Munk,^{12,13,14} Aude Ambresin,¹⁵
on behalf of the SPECTRUM study investigators

¹Department of Ophthalmology, University Medicine Greifswald, Greifswald, Germany; ²Department of Ophthalmology, University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, UK; ³Eye Center, Faculty of Medicine, Albert-Ludwig University Freiburg, Freiburg, Germany; ⁴Department of Ophthalmology, St Franziskus Hospital, Münster, Germany; ⁵Department of Surgery, McMaster University, Hamilton, ON, Canada; ⁶Department of Medicine–Ophthalmology, University of Udine, Udine, Italy; ⁷Istituto Europeo di Microchirurgia Oculare (IEMO), Udine, Milan, Italy; ⁸Centre OPHTA-45, Montargis, France; ⁹Bayer AG, Leverkusen, Germany; ¹⁰Bayer AG, Berlin, Germany; ¹¹Bayer Consumer Care AG, Basel, Switzerland; ¹²Augenarzt Praxisgemeinschaft Gutblick AG, Pfäffikon, Switzerland; ¹³Department of Ophthalmology, University Hospital Bern, Bern, Switzerland; ¹⁴Northwestern University, Feinberg School of Medicine, Chicago, IL, USA; ¹⁵Swiss Visio Montchoisi, Lausanne, Switzerland



SPECTRUM

Disclosures

- Andreas Stahl: Consultant for Allergan, Apellis, Bayer, Novartis, and Roche
- CB: Received honoraria from Alimera Sciences, Apellis, Bayer, and Roche; and has served on advisory boards for Apellis, Bayer, Boehringer Ingelheim, Janssen, and Roche. CL: Receives honoraria from Apellis, Bayer, Biogen, and Novartis. VC: Consulting fees from EyePoint Pharmaceuticals; receives grants from Bayer, Novartis, and Roche; and serves on advisory boards for Apellis, Bayer, Boehringer Ingelheim, EyePoint Pharmaceuticals, Novartis, and Roche. PL: Consultant for Aerie Pharmaceuticals, Allergan, Annexon, Apellis, Bausch + Lomb, Bayer, Biogen, Boehringer Ingelheim, Eyepoint, Genentech, I-Care, Novartis, Ocular Therapeutix, Outlook Therapeutics, and Roche. HO: Consultant for AbbVie, Bayer, Novartis, and Roche. MK and TM: Employees of Bayer AG. HA, XZ, and ZH: Employees of Bayer Consumer Care AG. MRM: Consultant for AbbVie, Alcon, Alimera, Allergan, Amgen, Apellis Pharmaceuticals, Astellas, Aviceda Therapeutics, Bayer, Boehringer Ingelheim, Dandelione, Eyegnos Consulting, EyePoint Pharmaceuticals, Evolve Medical Education, GenSight Biologics, Isarna Therapeutics, Iveric Bio, Kubota, LumiThera, Novartis, Oculis, OD-OS, ONL Therapeutics, OcuTerra Therapeutics, RetinAI, Roche, UBS analytics, and Zeiss; AA: Consulting fees from Apellis, Bayer, Novartis, and Roche
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SPECTRUM: Global real-world study of aflibercept 8 mg

A 24-month, non-interventional country and global cohort study planned in 18 countries



2 indications, 4 patient cohorts

Treatment-naïve nAMD and previously treated nAMD
Treatment-naïve DME and previously treated DME



Primary endpoint: Change in VA from BL to Month 12

Secondary endpoints include:

Change in VA and CRT from BL to Month 6



Number of injections, visits, and safety from BL to Month 6

Patient enrollment to date:

1100/1110 in the PTnAMD cohort and 3463 overall



Australia



Canada



Denmark



Finland



France



Germany



Italy



Japan



Republic of Korea



The Netherlands



Norway



Portugal



Saudi Arabia



Spain



Sweden



Switzerland



United Arab
Emirates



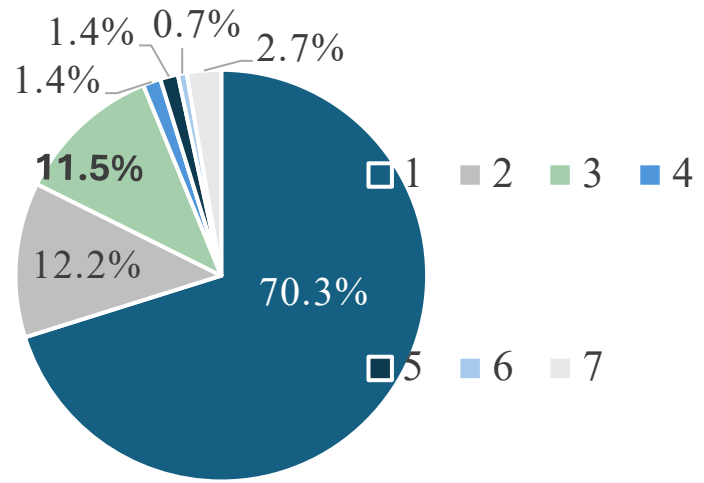
United Kingdom



Baseline characteristics: Previously treated nAMD

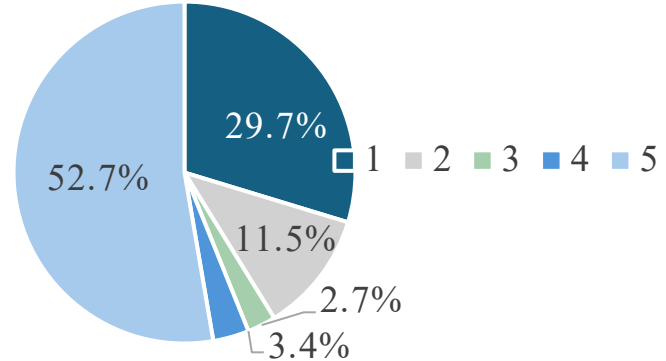
Month 6 analysis of the first ~150 patients enrolled^a

Previous nAMD medication

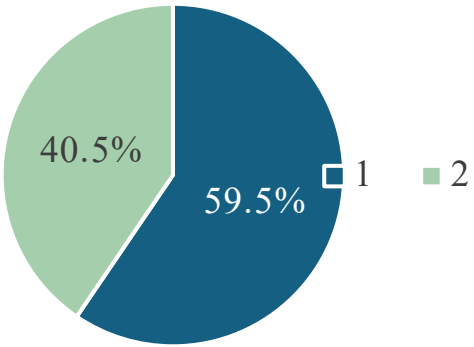


FAS, n	148
Age (years)	79.4±8.4
Median (min, max) time from nAMD diagnosis (months)	34.2 (1.3, 210.3)
Baseline VA (ETDRS letters)	63.0±19.3
Baseline CRT (µm)	320±109

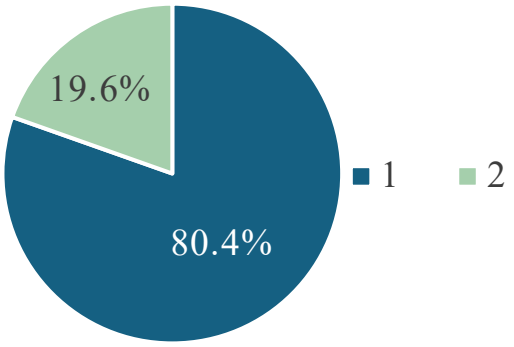
MNV type^b



Sex



Race^c

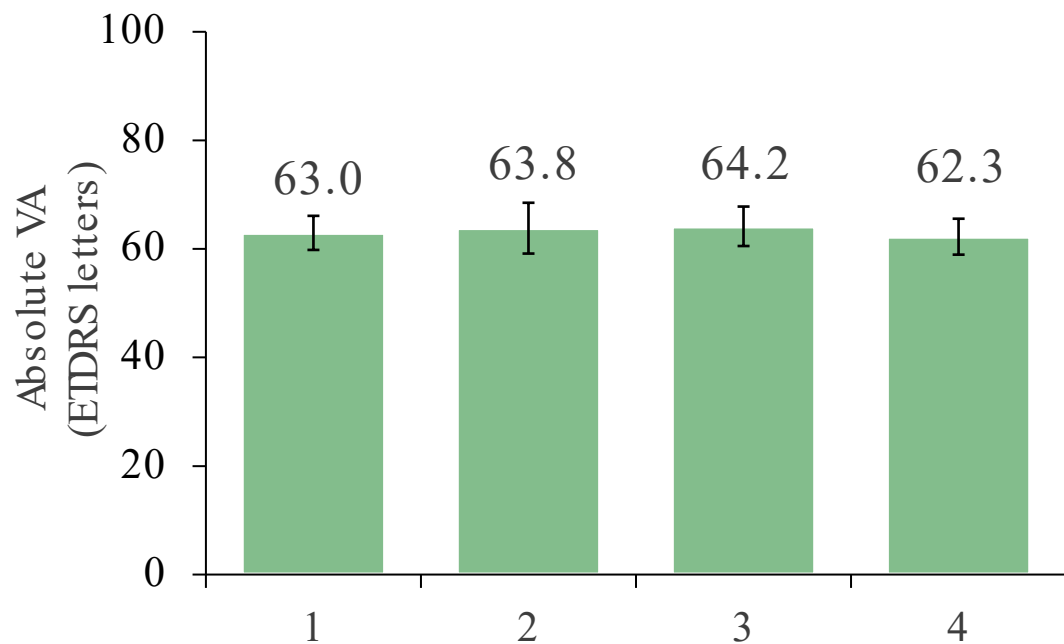


FAS. Percentages may not add up to 100 due to rounding. ^aData are mean±SD unless otherwise indicated. ^bMixed refers to Type 1 and Type 2 MNV combined. ^cData on race were collected for Australia, Canada, Germany, Italy, Japan, Portugal, South Korea, Saudi Arabia, Spain, Switzerland, United Arab Emirates, and the UK only. ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; Max, maximum; Min, minimum; MNV, macular neovascularization; N/A, not applicable; SD, standard deviation; UK, United Kingdom.

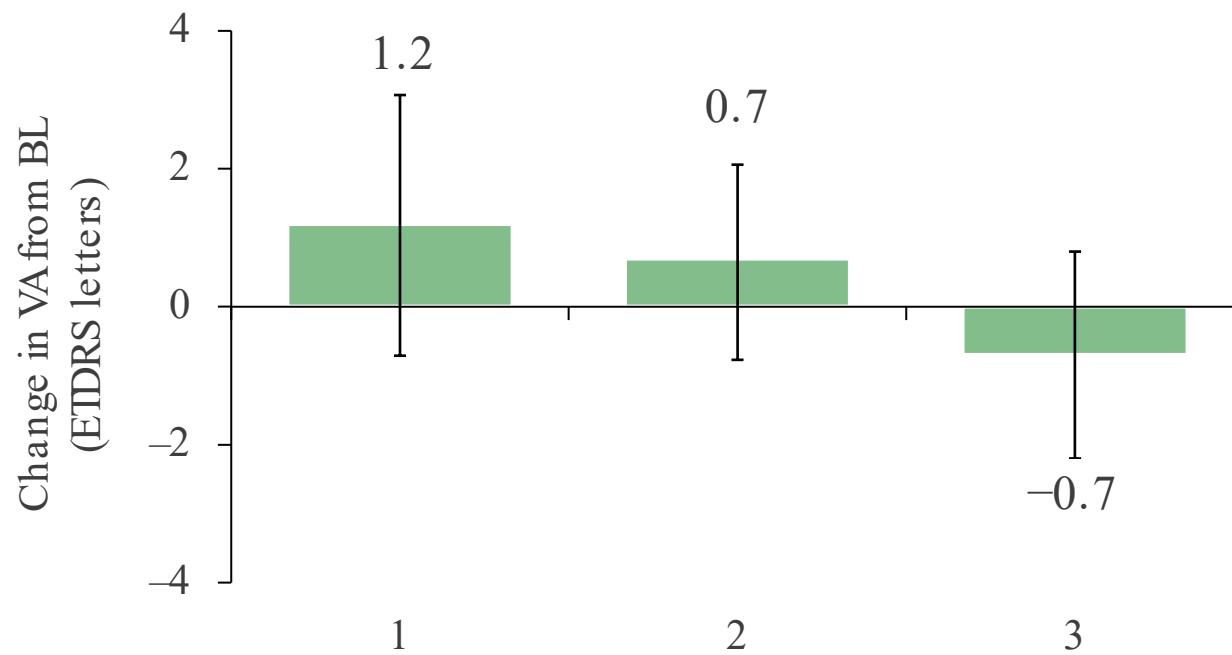


VA through Month 6

Absolute VA



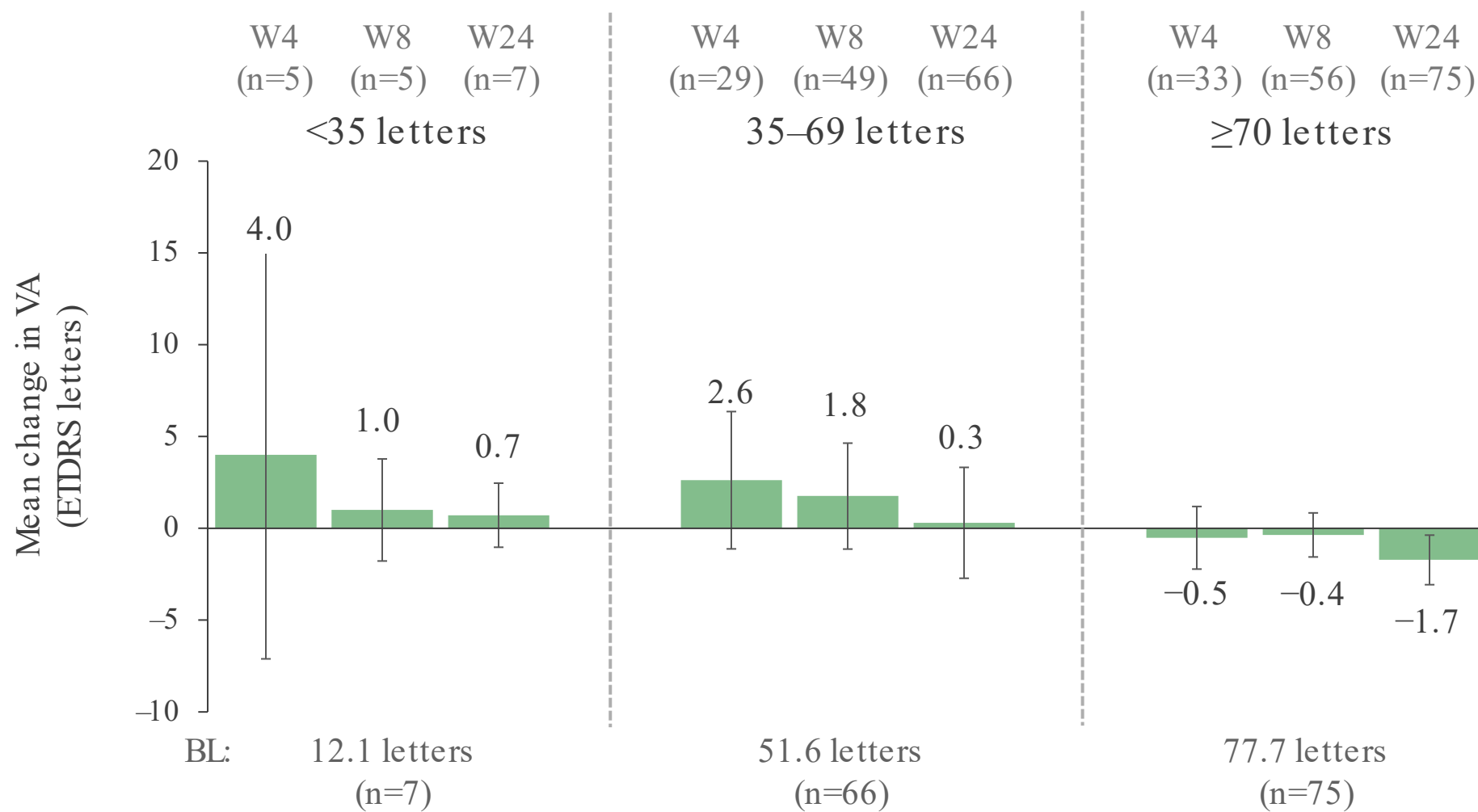
Mean change in VA



Patients received a mean of 4.4 injections up to Day 210 from baseline

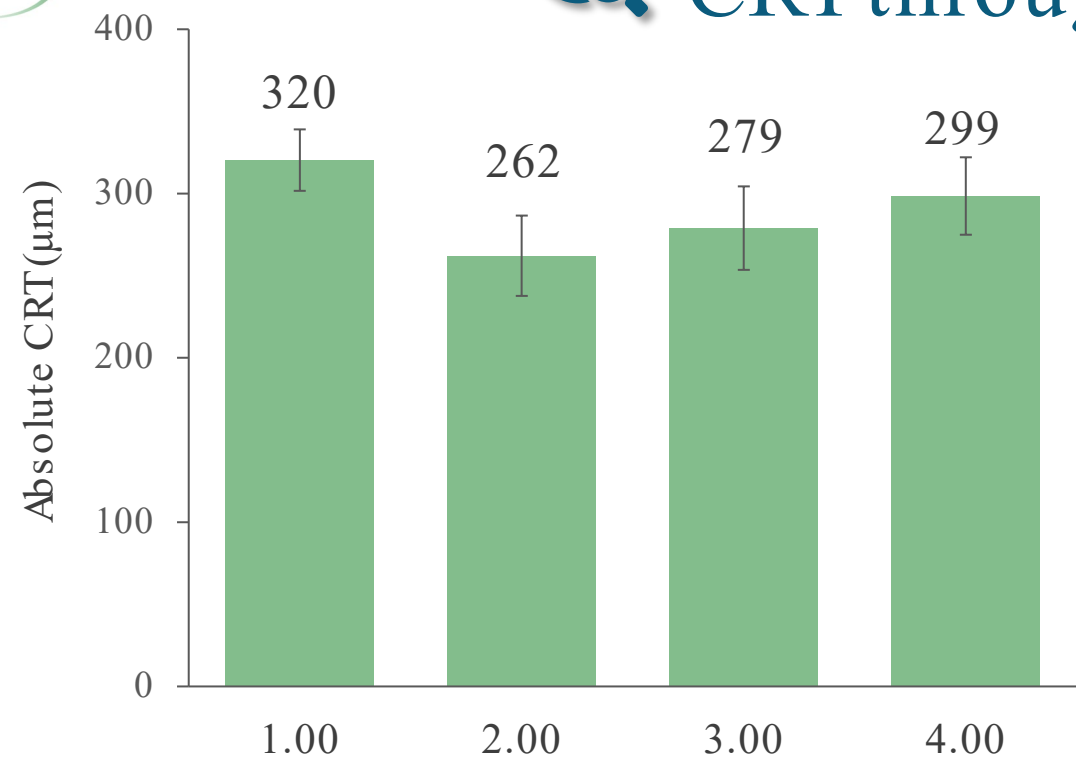


Mean change in VA through Month 6 grouped by baseline VA

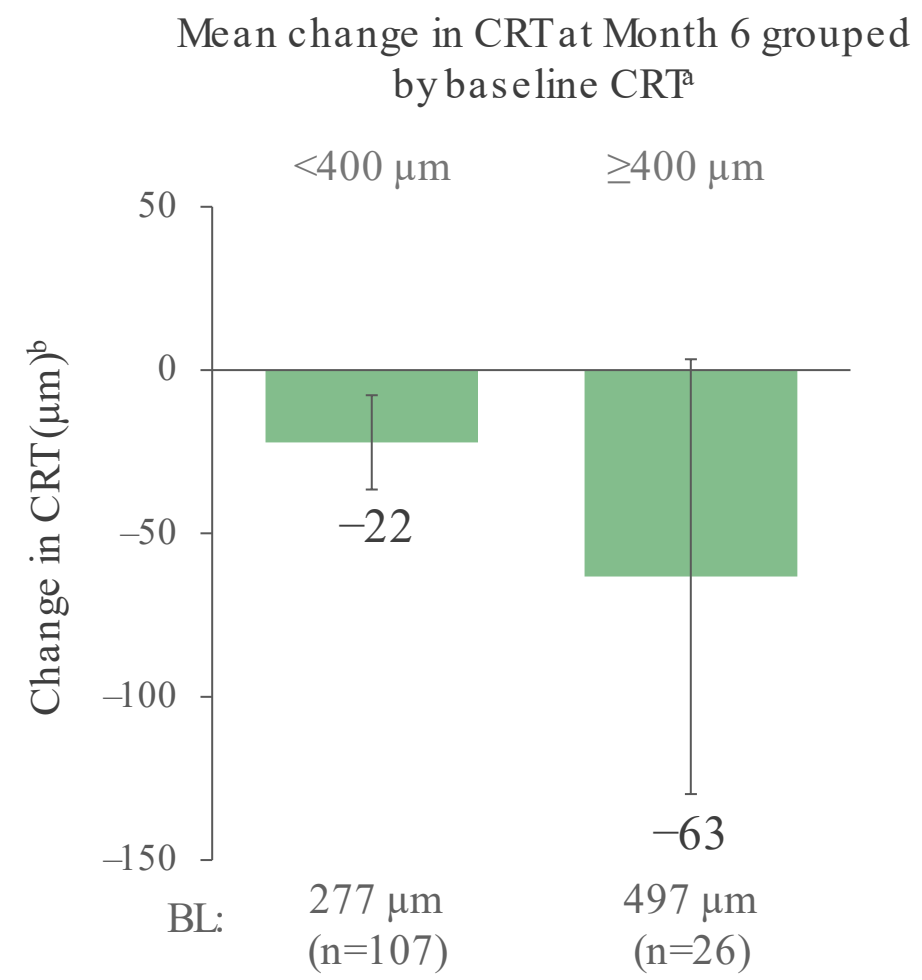




CRT through Month 6



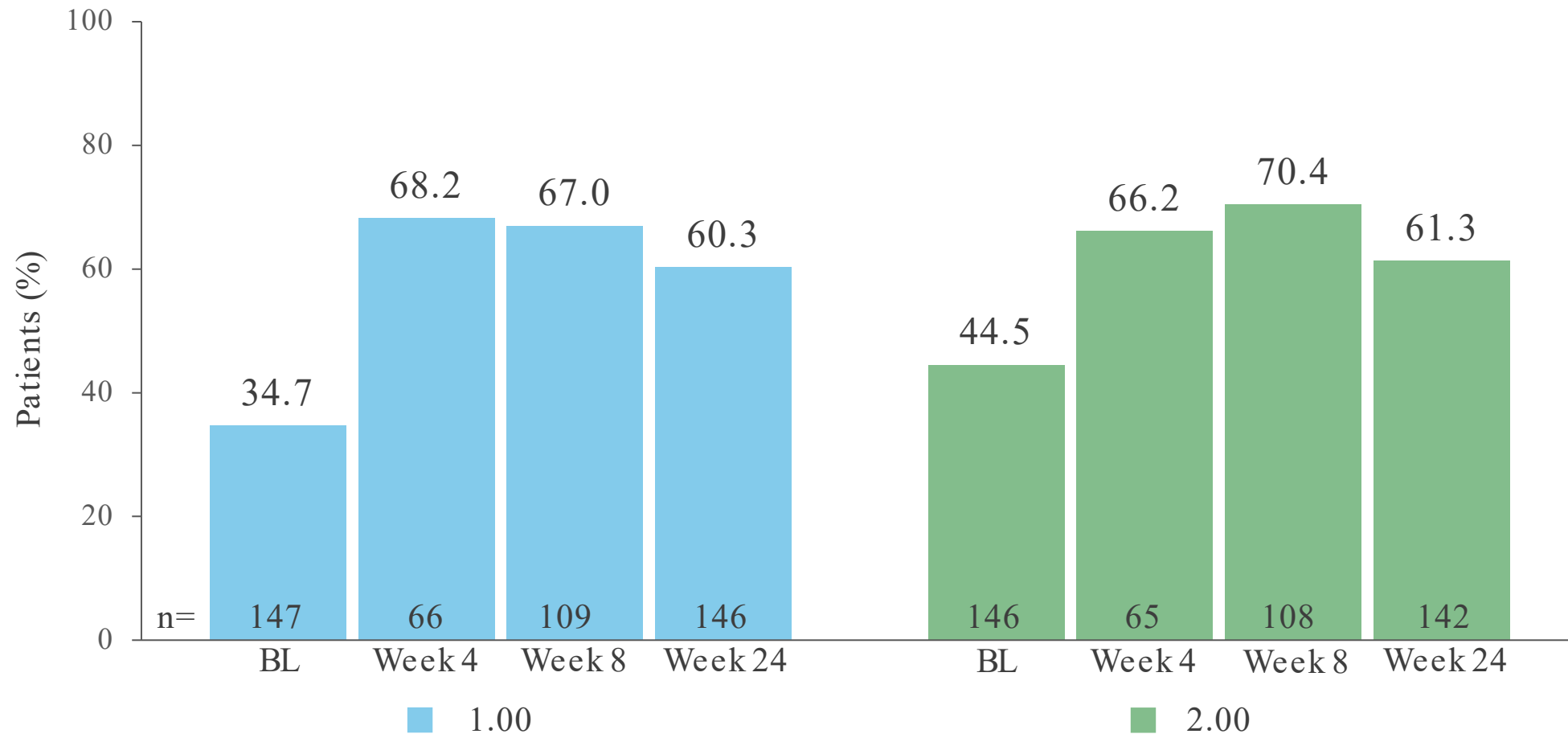
Timepoint	Mean change (95% CI) from baseline (LOCF)
Week 4	-48 (-77, -20)
Week 8	-41 (-63, -18)
Week 24	-31 (-50, -13)



FAS, LOCF (n=148). Missing values were imputed with the LOCF approach. Error bars are 95% CI

^aIn patients with a CRT assessment at Week 4 and Week 8, the mean change in CRT at Week 4 and Week 8 stratified by baseline CRT was -21 and -27 μm for those with a baseline CRT of <400, and -153 and -92 μm for those with a baseline CRT of ≥400 μm, respectively.

Proportion of patients without SRF or IRF through Month 6^a



FAS, LOCF. Missing values were imputed with the LOCF approach. Values have been rounded to the nearest decimal point. Based on instructions in the case report form, fluid data were collected during a macular assessment (6 mm) per investigator discretion. ^aCalculated based on the number of patients assessed at each timepoint.

IRF, intraretinal fluid; SRF, subretinal fluid.



Safety overview: Adverse events

Ocular TEAEs	Total (N=150)
Any ocular TEAEs in the study eye, ^a n (%)	10 (6.7)
Any serious ocular TEAEs, n (%)	1 (0.7)
Non-ocular TEAEs	Total (N=150)
Any non-ocular TEAEs, n (%)	5 (3.3)
Any serious non-ocular TEAEs, n (%)	1 (0.7)



Month 6 results from SPECTRUM support the real-world effectiveness and safety of aflibercept 8 mg in patients with previously treated nAMD



More than 3400 patients enrolled in SPECTRUM across all 18 countries to date



More than 1100 patients enrolled in the previously treated nAMD cohort across 13 countries to date



Clinical and safety outcomes at Month 6

- Stable VA and improved CRT following switch to aflibercept 8 mg
- Improved IRF and SRF
- No new safety signals identified



Treatment exposure

- Results achieved with a mean of 4.4 injections up to Day 210 from BL
- Consistent with extending dosing intervals maintained through Week 48 in PULSAR¹



As the first global real-world study of aflibercept 8 mg, Month 6 results from SPECTRUM will help to inform clinical management of previously treated nAMD in patients receiving aflibercept 8 mg

Month 12 and Month 24 analyses are on track